



Lambrick Park High School
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<http://lambrickpark.sd61.bc.ca/>

Confirmation of Physical Activity

(can be a team, club or individual)

I would like to confirm that _____ has completed _____
hours of **Moderate to Intense** physical activity for the current month.

Club/Team or Organization name: _____

The type of physical activity was: _____

The activity was completed on, or between the following dates: _____ - _____

Name of Teacher / Coach or Supervising adult: _____ (print clearly)

Contact Phone number(s) of supervisor: _____ or _____

Performance comments (optional): _____

Signature: _____ Date: _____